

Certified Peer Recovery Specialist Letter of Professional Reference

The applicant named below is applying for certification as a Peer Recovery Specialist with the State of Tennessee. You have been chosen by the applicant to provide a professional reference. Place the completed form in an envelope, seal the envelope and place your signature across the seal before you return the form to the applicant, who will include it in the application packet without opening it. If you have any questions about how to complete this application, contact the Peer Recovery Coordinator at 800-560-5767 or cprs.tdmhsas@tn.gov.

Applicant's name _____

Describe the nature of your professional relationship with the applicant and how long you have known him or her.

Describe the applicant's work (paid or volunteer) providing **peer recovery services** at your agency/organization. For examples of peer recovery services, see the Scope of Activities in the CPRS Handbook here: <http://tn.gov/behavioral-health/topic/certified-peer-recovery-specialist-program>. *Note: it is a violation of the CPRS Code of Ethics for CPRS's to provide clinical treatment services.*

Describe your knowledge of the applicant’s strengths that will make the applicant a good candidate for becoming a Certified Peer Recovery Specialist.

Provide any additional information pertinent to this applicant.

Reference Contact Information

Name _____ Credentials _____

Title _____

Agency/Organization _____

Address _____

City, State, ZIP _____

Phone (with area code) _____

Email _____

My signature below affirms that all of the information contained in this document is true.

Signature of Reference _____ Date _____